



DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NAVAL RECORDS

2 NAVY ANNEX

WASHINGTON DC 20370-5100

TJR

Docket No: 3963-98

7 March 2000

[REDACTED]

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 29 February 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion dated 14 November 1999 and furnished by the Department of Psychiatry, Naval Medical Center, Portsmouth, VA, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this regard, the Board substantially concurred with the comments contained in the advisory opinion. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER  
Executive Director

Enclosure

6520  
0506: 5-0841  
14 NOV 99

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Encl: (1) BCNR file  
(2) Service Record  
(3) Medical Record

(a) On 19 APR 94, he was evaluated by medical on his ship for suicidal ideation in the context of his experiencing personal stress on the ship. He reported "decreasing tolerance for people" and that he had been "getting harassed" and was "always in trouble." He reported then that he saw a psychiatrist at ages six and eleven for suicidal ideation. At this evaluation, he was diagnosed by his medical officer with mild situational depression.

(c) On 16 MAY 94, the subject member was admitted to his ship's medical ward after he reported suicidal ideation with thoughts of wanting to slash his wrist. He improved and was discharged after ten days with a diagnosis of Adjustment Disorder

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with Depressed Mood and Dependent Personality Disorder. This diagnosis was made by his ship's medical officer.

(d) On 31 MAY 94, he presented for a mental health evaluation at Branch Medical Clinic, NASNI. He was evaluated by Psychology and diagnosed with Adjustment Disorder with Mixed Emotional Features. The subject member complained at that time of "having problems" and desiring discharge from the Navy. He also reported depressive symptoms of decreased appetite and sleep, mood irritability, brief suicidal ideation, all noted since he had reported to his new command, USS Kitty Hawk, four months prior. He experienced low frustration tolerance and interpersonal conflict. He attributed his problems to people with whom he had worked.

(e) On 31 MAR 95, the service member was taken to medical aboard his ship after he reported suicidal ideation. At that time he reported "always having" severe mood swings, but that they had worsened since he reported aboard the USS Kitty Hawk.

On 31 MAR 95, he followed up in medical on his ship. It was noted then that his mood was "pretty good". On 02 APR 95, he again followed up in medical on his ship. He reported continued improvement in his mood. He denied suicidal ideation.

(f) On 03 APR 95, he was evaluated by a psychiatrist at Fleet Mental Health Unit, Branch Medical Clinic, NASNI, San Diego, California. He presented for emergent evaluation. He reported stressors of not being able to get time off from work to take care of his personal affairs. He was recommended for psychological testing and mental health follow-up.

(g) On 25 APR 95, the patient was seen by a clinical psychiatrist at Fleet Mental Health Unit, BMC, NASNI, San Diego, as an urgent walk-in. He reported then that he had suicidal ideation the night before. This suicidal ideation was secondary to continued stressors aboard the ship. The records indicate that psychological testing that was administered on 04 APR 95 revealed a diagnosis of Personality Disorder NOS with Schizoid, Avoidant, Schizotypal Features. He was recommended, after this evaluation, for expeditious separation.

(h) On 26 APR 95, he was seen in follow-up by the psychiatrist whom he saw on 03 APR 95. The diagnosis of Personality Disorder NOS and the recommendation for expeditious administrative separation was concurred with. The subject member was noted to.

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have depressed mood in the context of his desire for the administrative separation process to proceed more quickly.

(i) VA form titled "Rating Decision" states that the patient underwent VA examination on 06 February 1998, at which time he reported that while on active duty, he had depression with mood swings, mainly severe irritability and anger outbursts with irritable mood lasting hours to several days. He reported that when angry he would blame others. He denied depressed mood at the time of this evaluation. The records indicate that his "affective responses have been within normal range" except for the depression that he experienced while on active duty. The records go on to state that the subject member had no social or occupational impairment since discharge from the military. The VA examiner felt that the subject member's "dysthymia, which was now resolved, was related to experiences in military service."

3. The following opinions are submitted:

(a) The subject member appears to have a longstanding history of suicidal ideation dating back to childhood and adolescence. While on active duty, he displayed poor interpersonal relationships, recurrent suicidal ideation, low frustration tolerance, and mood instability. All of these symptoms are consistent with a personality disorder diagnosis.

(b) The records indicate that he did not exhibit pervasive depressed mood, more days than not. On the other hand, they do indicate that his mood stabilized quickly during his ward medical follow-up evaluation from 31 MAR 95 to 02 APR 95. This would not be characteristic of a person with dysthymic disorder.

(c) His tendency to handle his personal stressors by developing suicidal ideation is also consistent with a personality disorder diagnosis.

(d) The personality disorder diagnosis was substantiated by psychological testing, while it would have been helpful to have this testing for review to help form our opinion, the combination of clerical testing and reported testing results strongly support the diagnosis of a personality disorder.

4. RECOMMENDATIONS; We agree with the diagnosis of a Personality Disorder.

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5. The case was reviewed by [REDACTED]s, MC, USNR, under the supervision of [REDACTED] MC, USNR, and subsequent revisions were made by [REDACTED] MC, USN.

*E. D. Simmer*  
E. D. SIMMER (P)  
CDR MC USNR